

**WAC 246-101-201 Notifiable conditions and laboratories.**

This section describes the conditions about which Washington's laboratories must notify public health authorities of on a statewide basis. The board finds that the conditions in the table below (Table Lab-1) are notifiable for the prevention and control of communicable and noninfectious diseases and conditions in Washington. The board also finds that submission of specimens for many of these conditions will further prevent the spread of disease. Laboratory directors shall notify public health authorities of positive cultures and preliminary test results as individual case reports and provide specimen submissions using procedures described throughout this chapter. Local health officers may require additional conditions to be notifiable within the local health officer's jurisdiction.

WAC 246-101-205, 246-101-210, 246-101-215, 246-101-220, 246-101-225, and 246-101-230 also include requirements for how notifications and specimen submissions are made, when they are made, the content of these notifications and specimen submissions, and how information regarding notifiable conditions cases must be handled and may be disclosed.

Table Lab-1 (Conditions Notifiable by Laboratory Directors)

| Notifiable Condition   | Time frame for Notification                              | Notifiable to Local Health Department | Notifiable to Department of Health | Specimen Submission to Department of Health (Type & Timing)   |
|--|--|---------------------------------------|------------------------------------|---|
| Arboviral Disease (Isolation; Detection of Viral Nucleic Acid or Antibody) | 2 days   | /                                     |                                    |   |
| Blood Lead Level   | Elevated Levels – 2 Days<br>Nonelevated Levels – Monthly |                                       | /                                  |   |
| Botulism (Foodborne)   | Immediately  | /                                     |                                    | Serum and Stool - If available, submit suspect foods (2 days) |
| Botulism (Infant)  | Immediately  | /                                     |                                    | Stool (2 days)  |
| Botulism (Wound)   | Immediately  | /                                     |                                    | Culture, Serum, Debrided tissue, or Swab sample (2 days)      |
| Brucellosis ( <i>Brucella</i> species)                                     | 2 days   | /                                     |                                    | Subcultures (2 days)  |

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|---|-------------|---|-------------------------------|---|
| CD4+ (T4) lymphocyte counts and/or CD4+ (T4) (patients aged thirteen or older)  | Monthly     | Only when the local health department is designated by the Department of Health | <u>/ (Except King County)</u> |   |
| <i>Chlamydia trachomatis</i> infection  | 2 days      | /   |                               |   |
| Cholera   | Immediately | /   |                               | Culture (2 days)                                    |
| Cryptosporidiosis   | 2 days      | /   |                               |   |
| Cyclosporiasis  | 2 days      | /   |                               | Specimen (2 days)                                   |
| Diphtheria  | 2 days      | /   |                               | Culture (2 days)                                    |
| Disease of Suspected Bioterrorism Origin (examples):<br>Anthrax<br>Smallpox   | Immediately | /   |                               | Culture (2 days)                                    |
| Enterohemorrhagic <i>E. coli</i> (shiga-like toxin producing infections only) such as <i>E. coli</i> O157:H7 Infection                | 2 days      | /   |                               | Culture (2 days)                                    |
| Gonorrhea   | 2 days      | /   |                               |   |
| Hepatitis A (IgM positive)  | 2 days      | /   |                               |   |
| Hepatitis B   | Monthly     | /   |                               |   |
| Hepatitis C   | Monthly     | /   |                               |   |
| Human immunodeficiency virus (HIV) infection ( <u>for example</u> , positive Western Blot assays, P24 antigen or viral culture tests) | 2 days      | Only when the local health department is designated by the Department of Health | / (Except King County)        |   |
| Human immunodeficiency virus (HIV) infection ( <u>all viral load detection test results – detectable and undetectable</u> )           | Monthly     | Only when the local health department is designated by the Department of Health | / (Except King County)        |   |
| Listeriosis   | 2 days      | /   |                               |   |
| Measles (rubeola)   | Immediately | /   |                               | Serum (2 days)                                      |
| Meningococcal disease   | 2 days      | /   |                               | Culture (Blood/CSF or other sterile sites) (2 days) |
| Pertussis   | 2 days      | /   |                               |   |

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|--|-------------|---------------------------|---|---|
| Plague   | Immediately | /                         |   | Culture or other appropriate clinical material (2 days)           |
| Rabies (human or animal)                                 | Immediately | / (Pathology Report Only) |   | Tissue or other appropriate clinical material (Upon request only) |
| Salmonellosis  | 2 days      | /                         |   | Culture (2 days)  |
| Shigellosis  | 2 days      | /                         |   | Culture (2 days)  |
| Syphilis   |             |                           |   | Serum (2 days)  |
| Tuberculosis   | 2 days      |                           | / | Culture (2 days)  |
| Tuberculosis (Antibiotic sensitivity for first isolates) | 2 days      |                           | / |   |
| Tularemia  |             |                           |   | Culture or other appropriate clinical material (2 days)           |
| Other rare diseases of public health significance        | Immediately | /                         |   |   |

Additional notifications that are requested but not mandatory include:

(1) Laboratory directors may notify either local health departments or the department or both of other laboratory results through cooperative agreement.

(2) Laboratory directors may submit malaria cultures to the state public health laboratories.

[Statutory Authority: RCW 43.20.050, 70.24.125. 05-03-055, § 246-101-201, filed 1/11/05, effective 2/11/05. Statutory Authority: RCW 43.20.050, 70.24.125 and 70.28.010. 00-23-120, § 246-101-201, filed 11/22/00, effective 12/23/00.]

**WAC 246-101-520 Special conditions--AIDS and HIV.** (1) The local health officer and local health department personnel shall maintain individual case reports for AIDS and HIV as confidential records consistent with the requirements of this section. The local health officer and local health department personnel shall:

(a) Use identifying information on HIV-infected individuals only:

(i) For purposes of contacting the HIV-positive individual to provide test results and post-test counseling; or

(ii) To contact persons who have experienced substantial exposure, including sex and injection equipment-sharing

partners, and spouses; or

(iii) To link with other name-based public health disease registries when doing so will improve ability to provide needed care services and counseling and disease prevention; or

(iv) As specified in WAC 246-100-072; or

(v) To provide case reports to the state health department.

(b) Maintain HIV case reports in secure systems that meet the following standards and are consistent with the 2006 Security and Confidentiality Guidelines developed by the Centers for Disease Control and Prevention:

(i) Secure systems must be described in written policies that are reviewed annually by the local health officer;

(ii) Access to case report information must be limited to health department staff who need it to perform their job duties and a current list of these staff must be maintained by the local health officer;

(iii) All physical locations containing electronic or paper copies of surveillance data must be enclosed in a locked, secured area with limited access and not accessible by window;

(iv) Paper copies or electronic media containing surveillance information must be housed inside locked file cabinets that are in the locked, secured area;

(v) A crosscut shredder must be available for destroying information and electronic media must be appropriately sanitized prior to disposal;

(vi) Files or databases containing confidential information must reside on either stand-alone computers with restricted access or on networked drives with proper access controls, encryption software and firewall protection;

(vii) Electronic communication of confidential information must be protected by encryption standards that are reviewed annually by the local health officer;

(viii) Locking briefcases must be available for transporting confidential information;

(c) The local health officer must cooperate with the Department of Health in biennial review of system security measures described in (1) (b) of this subsection.

(d) Destroy documentation of referral information established in WAC 246-100-072 containing identities and identifying information on HIV-infected individuals and at-risk partners of those individuals immediately after notifying partners or within three months, whichever occurs first unless such documentation is being used in an investigation of conduct endangering the public health or of behaviors presenting an imminent danger to the public health pursuant to RCW 70.24.022 or 70.24.024.

(e) Not disclose identifying information received as a result of this chapter unless:

(i) Explicitly and specifically required to do so by state WAC (2/8/06 3:06 PM) [ 4 ]

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or federal law; or

(ii) Authorized by written patient consent.

(2) Local health department personnel are authorized to use HIV identifying information obtained as a result of this chapter only for the following purposes:

(a) Notification of persons with substantial exposure, including sexual or syringe-sharing partners;

(b) Referral of the infected individual to social and health services;

(c) Linkage to other public health data bases, provided that the identity or identifying information on the HIV-infected person is not disclosed outside of the health department; and

(d) Investigations pursuant to RCW 70.24.022 or 70.24.024.

(3) Public health data bases do not include health professions licensing records, certifications or registries, teacher certification lists, other employment rolls or registries, or data bases maintained by law enforcement officials.

(4) Local health officials will report HIV infection cases to the state health department.

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(5) Local health officers shall require and maintain signed confidentiality agreements with all health department employees with access to HIV identifying information. These agreements will be renewed at least annually and include reference to criminal and civil penalties for violation of chapter 70.24 RCW and other administrative actions that may be taken by the department.

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(6) Local health officers shall investigate potential breaches of the confidentiality of HIV identifying information by health department employees. All breaches of confidentiality shall be reported to the state health officer or their designee for review and appropriate action.

(7) Local health officers and local health department personnel shall assist the state health department reascertain the identities of previously reported cases of asymptomatic HIV infection.

[Statutory Authority: RCW 70.24.130 and 70.24.380. 05-11-110, § 246-101-520, filed 5/18/05, effective 6/18/05. Statutory Authority: RCW 43.20.050 and 70.24.125. 00-23-120, § 246-101-520, filed 11/22/00, effective 12/23/00.]

**WAC 246-101-635 Special conditions--AIDS and HIV.** The following provisions apply for the use of AIDS and HIV notifiable conditions case reports and data:

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(1) Department personnel shall not disclose identifying information received as a result of receiving information regarding a notifiable conditions report of a case of AIDS or HIV unless:

(a) Explicitly and specifically required to do so by state or federal law; or

(b) Authorized by written patient consent.

(2) Department personnel are authorized to use HIV identifying information received as a result of receiving information regarding a notifiable conditions report of a case of AIDS or HIV only for the following purposes:

(a) Notification of persons with substantial exposure, including sexual or syringe-sharing partners;

(b) Referral of the infected individual to social and health services; and

(c) Linkage to other public health data bases, provided that the identity or identifying information on the HIV-infected person is not disclosed outside of the health department.

(3) For the purposes of this chapter, public health data bases do not include health professions licensing records, certifications or registries, teacher certification lists, other employment rolls or registries, or data bases maintained by law enforcement officials.

(4) The state health officer shall require and maintain signed confidentiality agreements with all department employees with access to HIV identifying information. These agreements will be renewed at least annually and include reference to criminal and civil penalties for violation of chapter 70.24 RCW and other administrative actions that may be taken by the department.

(5) The state health officer shall investigate potential breaches of the confidentiality of HIV identifying information by department employees. All breaches of confidentiality shall be reported to the state health officer or their authorized representative for review and appropriate action.

(6) The department shall maintain all HIV case reports in a name-based surveillance system solely for the purpose of complying with HIV reporting guidelines from the federal Centers for Disease Control and Prevention.

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(7) Authorized representatives of the department shall review available records to reascertain the identities of previously reported cases of asymptomatic HIV infection and retain those cases in a confidential name-based system.

(8) The department shall maintain HIV case reports in secure systems that meet the following standards and are consistent with the 2006 Security and Confidentiality Guidelines

developed by the Centers for Disease Control and Prevention;

~~(a) Secure systems must be described in written policies that are reviewed annually by the Overall Responsible Party;~~

~~(b) Access to case report information must be limited to health department staff who need it to perform their job duties and a current list of these staff must be maintained by the Overall Responsible Party;~~

~~(c) All physical locations containing electronic or paper copies of surveillance data must be enclosed in a locked, secured area with limited access and not accessible by window;~~

~~(d) Paper copies or electronic media containing surveillance information must be housed inside locked file cabinets that are in the locked, secured area;~~

~~(e) A crosscut shredder must be available for destroying information and electronic media must be appropriately sanitized prior to disposal;~~

~~(f) Files or databases containing confidential information must reside on either stand-alone computers with restricted access or on networked drives with proper access controls, encryption software and firewall protection;~~

~~(g) Electronic communication of confidential information must be protected by encryption standards that are reviewed annually by the Overall Responsible Party;~~

~~(h) Locking briefcases must be available for transporting confidential information;~~

~~(9) The state health officer or designee must conduct a biennial review of system security measures described in WAC 246-101-520 (1) (b), at local health jurisdictions that are maintaining records by name.~~

~~(10) When providing technical assistance to a local health department, authorized representatives of the department may temporarily and subject to the time limitations in WAC 246-101-520 receive the names of reportable cases of asymptomatic HIV infection for the purpose of partner notification, or special studies. Upon completion of the activities by representatives of the state health department, named information will be provided to the local health department subject to the provisions of WAC 246-101-520.~~

~~(11) By December 2007, the state health officer, in cooperation with local health officers, will report to the board on:~~

~~(a) The ability of the HIV reporting system to meet surveillance performance standards established by the federal Centers for Disease Control and Prevention;~~

~~(b) The cost of the reporting system for state and local health departments;~~

~~(c) The reporting system's effect on disease control activities; and~~

~~(d) The impact of HIV reporting on HIV testing among WAC (2/8/06 3:06 PM) [ 7 ]~~

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(b) Converted to code and maintained as code only until the person is diagnosed with AIDS

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persons at increased risk of HIV infection.

[Statutory Authority: RCW 43.20.050, 70.24.125 and 70.28.010.  
00-23-120, § 246-101-635, filed 11/22/00, effective 12/23/00.]